

AD-A040 293 ARMY MEDICAL INTELLIGENCE AND INFORMATION AGENCY WAS--ETC F/G 6/14
GUIDELINES FOR MILITARY-MEDICAL EXAMINATIONS WITH THE NEW INDUC--ETC(U)
MAY 77

UNCLASSIFIED

USAMIIA-K-8177-B

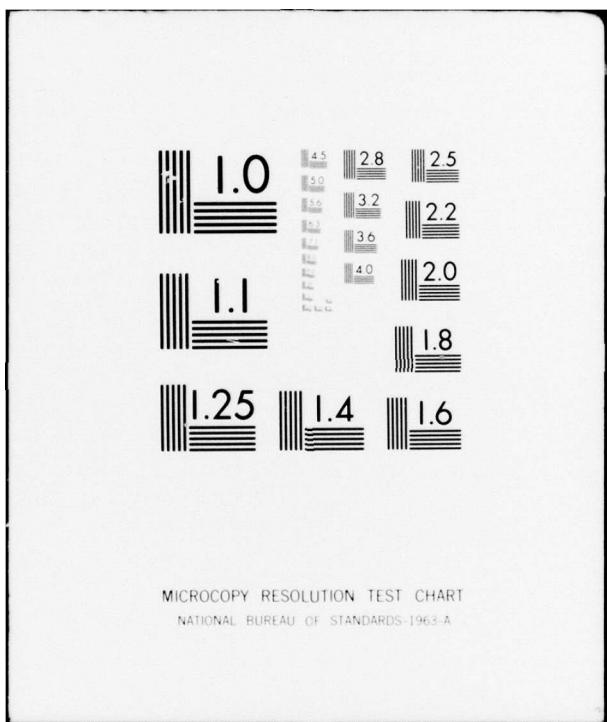
NL

| OF |
AD
A040293



END

DATE
FILMED
6-77





ADA 040293

DEPARTMENT OF THE ARMY
U.S. ARMY MEDICAL INTELLIGENCE AND INFORMATION AGENCY
WASHINGTON, D.C. 20314

①
B-5

USAMIIA TRANSLATION

Number:

14 USAMIIA-K-8177-B

WMC Section
BMC Section

Date Completed:

11 13 May 1977

DITION/AVAILABILITY CODE

AVAIL. AND/OR SPECIAL

Language:

German

12 12 p.

A

Geographic Area:

Austria

English Title:

6 GUIDELINES FOR MILITARY-MEDICAL EXAMINATIONS WITH
THE NEW INDUCTION METHOD (NIM) AND ALL OTHER
MEDICAL EXAMINATIONS DURING ACTIVE DUTY - DRAFT

Foreign Title:

Author:

Not Given

Source Document:

St. Poelten Induction Center Brochure

Pages Translated:

pp 1-14

Publisher:

Not Given

Date/Place Publication:

Nov 1976, St. Poelten, Austria

Distribution Statement:

Document is in the public domain

AD NO.
DDC FILE COPY



DISTRIBUTION STATEMENT A
Approved for public release;
Distribution Unlimited



409112



ACTUAL PROFILE DISEASE SECTION
AND POSSIBLE LOCATION

TABLE III

		Disease Section										Disease Section									
		I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XIII	XIV	XV	XVI	XVII	XVIII	XVIX	XVII
Diseasenote	number																				
CCC	140	240	290	290	320	360	380	460	520	560	580	620	640	660	680	700	720	740	760	780	800
135	232	272	282	325	355	373	379	435	515	519	577	629	669	720	753	796	826	856	886	916	946
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22

DISEASE SECTION

- I. Infectious and parasitic diseases
- II. Neformations - tumors
- III. Glandular disturbances with inner secretion, nutritional and metabolic diseases
- IV. Diseases of blood and blood-forming organs
- V. Mental disturbances
- VI. Diseases of the nervous system and organs of sense
- VII. Diseases of circulatory system
- VIII. Diseases of respiratory organs
- IX. Diseases of digestive organs
- X. Diseases of the bladder and sexual organs
- XI. Diseases of skin and subcutaneous tissue, infections of skin and subcutaneous tissue
- XII. Diseases of the skeleton, muscles and connective tissue
- XIII. Congenital malformations
- XIV. Symptoms and poorly described diseases
- XV. Injuries by external force and poisoning

/1

GUIDELINES FOR MILITARY-MEDICAL EXAMINATIONS WITH
THE NEW INDUCTION METHOD (NIM) AND ALL OTHER MEDICAL
EXAMINATIONS DURING ACTIVE DUTY - DRAFT

In comparison with the former systems, the new induction system consists of a

A. GENERAL

For a better understanding of the guidelines laid down below, it appears that a short description of the new induction method is appropriate. The difference with respect to the old method consists in an essentially more intensive examination of the conscripts, which is planned for a two-day period and takes place in permanent induction centers, performed by permanently assembled medical teams. The examinations themselves are oriented, on one hand, in a diagnostic routine towards the performance of the conscript and, on the other, hand, the state of health of the inductee is determined as a prerequisite for the performance.

The results of these examinations are stored in an ADP system. In addition, there are still possible evaluated diagnoses of the psychiatrists as well as the appraisal of the psychological examination. Using prior information, capabilities, school training and personal desires of the inductee taken as a whole, the computer is now able in accordance with a specific program to compare the conscripts with the features required for the specific types of military service and make selections.

The changes in the area of military-medical examinations resulting from the new induction method necessarily affect the examinations carried out by military doctors of the basic military service as well as examinations carried out for induction, discharge and during service.

In the transition time, meaning up until the complete conversion to the new induction method, there are accordingly two areas of authority with respect to guidelines for military-medical examinations:

For the previously examined, the SDB 11,

For the newly examined, the present guidelines.

Since the old induction method used three-place numerical groups for diseases/ailments, the new induction method uses on the other hand five-place numerical groups for diseases/ailments, a differentiation between the old and new induction method is thereby possible.

/2

The chief doctor of the induction center at St. Poelten is, in addition, available for information if questions should come up.

B. MILITARY-MEDICAL EXAMINATION AND CLASSIFICATION ACCORDING TO THE
NEW INDUCTION METHOD

1. GENERAL

The military-medical examination is for the purpose of determining the qualification of an inductee with respect to his health and performance

potential. The performance potential is an assumption that the conscript can fulfill a work/service requirement placed on him. The conditions of health again form a prerequisite for performance potential. It is therefore necessary to determine as clearly as possible the health conditions, i.e., diseases and bodily defects must be assessed and evaluated since they limit the assumption of a conscript for various tasks (the "negative" in the examination). In other words, normal health states nothing concerning performance potential. For this reason, the performance values must also be determined as exactly as possible in order to obtain a complete picture of a conscript and make it possible to place him in the proper position (the "positive" in the examination).

The medical qualifications are collected in a descriptive profile (Table III) which forms the medical basis for the fitness of the inductee.

2. STEPS IN THE EXAMINATION

The various partial checks of the medical examination are carried out in a series of examination stations whose sequence can be variable.

The medical examination chain encompasses:

/3

a. Laboratory

Urine: albumin
blood
sugar
nitrite
pH
sediment (when reasons for this are present)

Blood: one hour sinking test according to Westergreen
hematocrit
blood group determination

Laboratory screening tests including the

Parameters	blood sugar	bilirubin
	uric acid	SGOT
	urea	SGPT
	creatinine	gamma-GT

b. X-ray photography

Anterior-posterior lungs, heart
Laterally, lungs, heart, thoracic portion of spine

c. Hearing check

The left and right ears are checked separately and indeed the perception capability for 6000, 4000, 3000, 2000, 1000 and 500 Hz is taken at steps of 20, 30, 40, 50 and 60 dB. The hearing loss is stated in decibels.

d. Visual capacity and acuity

The check is done using the Rodenstock R-7 apparatus. Both eyes are checked separately, with and without correction. In addition, it is noted whether the person examined wears glasses and which is the better eye. The refraction is done both spherically and cylindrically. The degree of astigmatism and color sense is noted.

e. Night vision (twilight vision)

The night vision is checked by means of the nyctomat. An adaptation period in a darkened room precedes the examination.

f. EKG

/4

A rest period in recumbent position precedes the check and recording. The examination includes both extremities as well as the precordial leads.

g. Blood pressure and pulse

These functions are recorded before and in connection with the EKG output. Body temperature is measured as required during the rest period before the EKG.

h. Lung function

The vital capacity, Tiffeneau and maximum expiration flow 50 is determined.

i. Muscular strength

Measurements are made of the isometric muscular strength of the hand-grip, arm bend and knee extension, all on the righthand side.

j. Body measurements

Height, weight, chest and trunk circumference as well as width of femoral condyle are measured.

k. General doctor's examination

This takes place in a separate examination room with one inductee at a time.

The induction doctor receives for the examination a past history summary, values from the examination chain as well as all medical certificates and examination results from other medical offices brought by the conscript.

The past history summary is a computer printout from a past history file which the conscript has received sometime before his induction examination and in which he had checked prior diseases, ailments, together with his parents. It is attempted to include in this file as completely as possible the family's past history, childhood diseases, earlier diseases and ailments and present diseases and ailments. This past history data can be supplemented by the examining doctor.

/5

The doctor's examination encompasses the body's present status with

Inspection of the buccal cavity and pharynx,

Evaluation of dental status (ability to chew, occurrence of caries, possible prostheses, oral hygienic conditions, inflammatory changes, etc.),

Examination of the thyroid gland, lymph glands.

Auscultation and percussion of lungs and heart,

Examination of abdominal organs and hernia apertures,

Examination of sexual organs,

Inspection of back and extremities,

Evaluation of feet,

Inspection of skin and external veins,

Check of reflexes,

Evaluation of demeanor and speech,

Inspection of auditory canals and eardrum.

The result of general physical examination is set down by the induction doctor into the so-called "status sheet" and signed.

1. Physical Work Check (Ergometry)

This is only carried out in cases when the doctor has concluded his examination and there is no medical contraindication against carrying out the work check.

If the performance of ergometry should not be possible owing to technical reasons, the Vienna Test is to be carried out in its place in accordance with VBl. No. 98/75 or VBl. No. 92/76.

3. EVALUATION OF DISEASES OR AILMENTS DETERMINED

/6

In the case of the general medical examination, only findings deviating from standards are maintained.

The diseases/ailments ascertained are made specific in the form of a seven-place number. This is composed of the

5-place diagnostic number

1-place location number

1-place figure of merit

All seven numbers together provide the graduated diagnosis.

a. The five-place diagnostic number corresponds to the disease determined and is set down in the Disease Catalog in accordance with WHO (cf. introduction for use of the Disease Catalog).

Example: 532.99 = *ulcus duodeni*

b. The one-place location number (the sixth number) gives the site of the disease/ailment in accordance with the following code:

1 = General	5 = Abdomen
2 = Arms	6 = Eyes (excluding visual faculty)
3 = Legs	7 = Ears (excluding hearing faculty)
4 = Trunk	8 = Ears (noise damage)

Example: 532.991 (owing to general illness) = *ulcus duodeni*

c. The one-place figure of merit (the seventh number) determines the classification of the disease/ailment from the military-medical viewpoint (to what greater or lesser extent the disease/ailment affects assignment in the military service).

The diagnosis receives the character of an expert opinion owing to the figure of merit. This is necessary in order for the replacement department/military command to arrive at the proper assignment of the conscript. (Figure of merit - assignment capability, cf. Table I.)

Example: 532.9914 (owing to no florid *ulcus*) = classified as *ulcus duodeni*

Remark: A catalog is presently being produced for use in making decisions for "classification from the military viewpoint". This catalog will contain a from-to classification for the individual disease diagnosis.

/7

4. EVALUATION OF THE PERFORMANCE POTENTIAL AS DETERMINED

The following will be evaluated:

Height
Muscular strength
Visual acuity
Night vision
Color sense
Hearing
Physical work capacity (PWC - ergometry)

All other values recovered in the diagnostic routine (laboratory, X-ray, EKG, vital capacity, blood pressure, pulse and body temperature) are diagnostic aids for the induction doctor.

The evaluation of the performance potential takes place programmed through the computer with support supplied for it by Table II.

C. THE MEDICAL PROFILES

By "profile" is meant the sum of the classification numbers expressing the medical evaluation of the inductee. This is designated as the "actual profile".

The medical actual profile is composed of the

Performance profile and the
Health profile.

a. Performance Profile

This expresses the evaluation of the physical performance potential of the person examined. The evaluation factors mentioned in Section B, point 4 provide details of the performance profile. The examination finding is divided in accordance with the scale in which the level is determined by the measurement value. In the matter of muscular strength, a measurement value is given which consists of a summary of the measured strength of handgrip, arm bend and knee extension (code key for the medical performance profile, cf. Table II).

/8

b. Health Profile

The classified diagnoses for every conscript examined is set up and maintained in a special series. The diagnostic numbers were listed by groups in disease section XVII. There result then 42 different variable positions (cf. Table III) with every possible location of diseases/ailments. The numbers in the 42 variable positions express the health status of the examinee. A corresponding figure of merit (Table I) can be allocated to every one of these 42 variable positions. If no disease/ ailment is determined by the doctor, the highest figure of merit, accordingly nine, is automatically assigned by the computer.

In cases requiring figure of merit 1 (temporarily unfit), the time of the recent induction is stated.

If an inductee receives a number of disease diagnoses which in their total essentially decrease the availability for assignment of the inductee, it follows that the doctor gives a multiple diagnosis with a figure of merit between 0 and 3 which is inserted in position 43 of the health profile. If no multiple diagnosis is given, the position 43 automatically receives figure of merit 9.

The actual profile received by the inductee (the medical part concerns only the performance profile + health profile) is not compared with a "prescribed profile" by data processing methods. The prescribed profile states what medical performance and health values of the conscript must be attained by the conscript for a specific military assignment. At the present time, there are 21 such prescribed profiles.

2. In the case of ailments appearing during active duty, etc., which have the result of decreasing the figure of merit, the procedure is as before.

3. DISCHARGE EXAMINATION

The discharge examination should determine whether the state of health of the conscript has changed to such an extent during active duty that a continuing change in previous service assignment is the consequence and, for this reason, if need be, a planned mobilization assignment is affected.

If the planned mobilization assignment is no longer possible in the combat forces or in the system maintenance function occupied, the conscript is then to be classified as "temporarily unfit". After certification by the chief medical officer of the military command having cognizance, the final determination for the conscript of the reserve takes place either in absentia or after an examination by the induction board.

D. MILITARY-MEDICAL EXAMINATIONS DURING ACTIVE DUTY

/9

Through the new induction procedure, the military doctor receives access to a greater number of basic medical data concerning the individual conscripts. This means a significant gain for the health care of the conscript.

1. ORIENTATION EXAMINATION

As a result of the induction, the military doctor obtains the following documents at the time of entry into service of the conscript:

Result of induction examination with all values set forth upon induction,

The past history summary,

The X-ray photograph,

The EKG results,

The status sheet containing all diagnoses in clear text made during induction as well as a number of organic changes of a minimum character,

The laboratory findings.

In the column "health profile" of the induction result sheet are to be found those prescribed profiles which can be satisfied by the conscript, i.e., for which ones he can be utilized.

In the column "diagnosis", those findings are given which have led to the actual selection on the basis of profile.

The orientation examination itself should determine whether the state of health of the conscript has varied to such an extent between induction and the time of entry into active duty so that the orientation examination result will have to be modified.

If the determined reduction of figure of merit excludes the military assignment as planned and if the conscript is also not capable of assignment even in a system maintenance function, it follows that he is to be classified as "temporarily unfit" and as before to be discharged from the basic military service through the field forces on the basis of the orientation examination.

The classification "temporarily unfit" is to be certified by the chief medical officer of the military command having jurisdiction and the conscript either found in absentia as "unfit" or passed onto a new induction procedure. /10

A classification "permanently unfit" is no longer possible in the induction examination.

FIGURE OF MERIT: ASSIGNMENT POSSIBILITY

/11

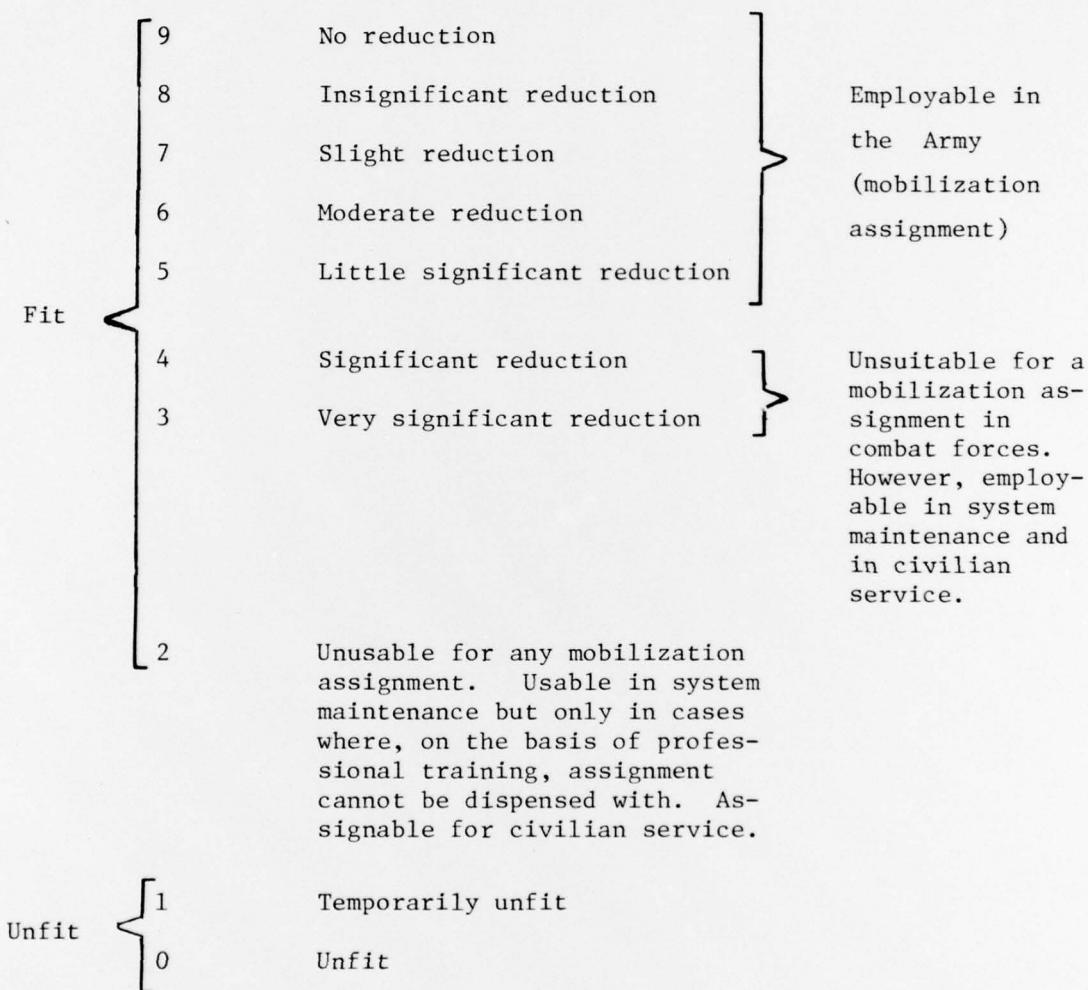


TABLE II. Computation of the Performance Profile - Code Key for Medical Performance Requirements

Require- ments	Figure of merit	Measurement results	Require- ments	Figure of merit	Measurement results	Require- ments	Figure of merit	Measurement results
Weight in cm	9 8 7 6 5 4 3 2 1 0	191 cm or greater 186 - 190 cm 181 - 185 176 - 180 171 - 175 166 - 170 161 - 165 156 - 160 150 - 155 149 cm or less	PWC max in kpm/ min	9 8 7 6 5 4 3 2 1 0	1651 kpm 1551 - 1650 1451 - 1550 1351 - 1450 1251 - 1350 1151 - 1250 1051 - 1150 901 - 1050 801 - 900 - 800	Night vision	9 7 5 3 1	1 : 1.43 or less 1 : 2.0 1 : 2.7 1 : 5 1 : 20
Muscular strength total measure- ment (value)	9 8 7 6 5 4 3 2 1	250 - 240 - 249 230 - 239 215 - 229 200 - 214 175 - 199 135 - 174 100 - 134 - 99	b s b s b s b s b s	9 8 7 6 5 4 3 2 1	1.0 1.0 0.7 0.7 0.7 0.7 0.6 0.4 0.5 -	1.0 0.7 0.3 + + + + - -	7 5 20 dB at 500, 1000, 2000 and 3000 Hz with both ears	20 dB at 500, 1000, 2000 and 3000 Hz with both ears
Color sense	9	Good color sense	b = s = + = - =	better eye poorer eye farsighted not farsighted	1	40-60 dB at 500, 1000 and 2000 Hz on the better ear	1	>60 dB at 500, 1000 and 2000 Hz on the better ear